



## Indiana State Department of Health

---

**Project:** Indiana State Trauma Care Committee (ISTCC)

**Date:** February 7, 2014 – 10:00 am

**Attendance:** **Committee members present:** William VanNess, MD, Chair; Lewis Jacobson, MD; Meredith Addison, RN; Ryan Williams, RN; Lisa Hollister, RN; David Welsh, MD; R. Lawrence Reed, MD; Chris Hartman, MD; Matthew Vassy, MD; Gerardo Gomez, MD; Donald Reed, MD; Scott Thomas, MD; Spencer Grover; Michael McGee, MD; Tim Smith

**Committee members not present:** John Hill, Vice Chair; Mike Garvey, Tony Murray; Stephen Lanzarotti, MD

**ISDH Staff Present:** Art Logsdon; Brian Carnes; Jessica Skiba; Joan Duwve, MD; Katie Gatz; Murray Lawry; Camry Hess; Ted Danielson, MD

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – Dr. VanNess, Chair	A quorum was present for this meeting.  Dr. VanNess opened the meeting at 10:05 am and asked the Committee members in the room and on the phone to introduce themselves.  He also introduced Dr. Paul Halverson, Dean of the Richard M. Fairbanks School of Public Health.	N/A	N/A
2. Approval of Minutes from the November 8, 2013 meeting – Dr. VanNess, Chair	Dr. VanNess asked for corrections to the minutes of the November 8, 2013 Indiana State Trauma Care Committee minutes. Dr. Welsh made a motion that the minutes be accepted as distributed, it was seconded by Dr. Vassy and passed unanimously.	Minutes Approved as distributed.	N/A
3. Trauma Registry/EMS Registry Reports - Katie Gatz and Jessica Skiba	Katie Gatz thanked Jessica Skiba for all her hard work on the Trauma Registry and EMS Registry Reports.	N/A	N/A



## Indiana State Department of Health

---

	<p><u><i>Trauma Registry Report</i></u></p> <p>Katie reported that 6 new hospitals are now reporting data to the Registry, however 5 hospitals stopped reporting during quarter 3 2013.</p> <p>Katie reviewed the hospitals that have started reporting, who are consistently reporting, and who has dropped off from reporting by public health preparedness district. At the end she provided a summary of this information.</p> <p>She also noted that Adams Memorial and Community Howard Hospitals are now trained in registry reporting.</p> <p>She provided information regarding training for hospital emergency department's that should be reporting data that will be held around the state during February and March. These sessions are only for facilities currently NOT reporting data.</p> <p>Katie stated that 6,904 incidents were reported to the Registry for the months of July, August and September 2013 for a total of 54 facilities, 9 verified trauma centers, representing 58% of the data, and 45 non-trauma centers.</p> <p>Jessica Skiba joined Katie in the Registry update by explaining the new and very informative 'cover page' as well as reviewing basic patient demographic data.</p> <p>Together Katie and Jessica reviewed the new charts and graphs as well as updated charts and graphs included in the Trauma Registry reports.</p>		
--	--	--	--



## Indiana State Department of Health

	<p>Katie presented a series of new graphs that focus on Emergency Department (ED) length of stay (LOS). She asked the Committee's input specifically on cases where the ED LOS was &gt; 12 hours and the ED Disposition was "Transferred to Another Facility".</p> <p>Dr. Lawrence Reed liked that there was a fairly small number of cases that fell into the &gt; 12 hour category for ED LOS. He recommends continuing to track this information to see if this is the normal number of cases each quarter.</p> <p>Dr. Gomez asked for the number of incidents that fell in the &gt; 12 hour category for ED LOS. Katie stated there were about 45 cases.</p> <p>Dr. McGee asked about the types of cases that are Directly Admitted to a trauma center. Dr. Lawrence Reed and Dr. Gomez provided anecdotes of types of cases that are typically directly admitted to a hospital (bypassing the ED). For example, a neurosurgery patient with an isolated head injury.</p> <p>Dr. Hartman asked if all of these patients were transferred to another facility. Katie said that these are all cases for quarter 3 2013.</p> <p>Jessica presented the new bar and whisker graphs for ED LOS. She also presented the new "ED Disposition by Injury Severity Score (ISS)" graphs. Dr. Lawrence Reed said that this is great data because it shows we have a fairly mature trauma system than originally suspected because the ED LOS is pretty low for patients that are seriously injured. His concern was that when you look at overall ED LOS the range is pretty extensive. We need to make sure there are no outliers. He asked if we could do a caterpillar graph similar to what the Trauma Quality Improvement Program (TQIP) does, to</p>	<p>Staff will continue to track this information and present new findings as appropriate.</p> <p>Staff will add this to next quarter's report.</p>	
--	---	--	--



## Indiana State Department of Health

	<p>identify hospitals that may be holding onto patients too long. Dr. McGee and Dr. Jacobson agreed with Dr. Reed's statement.</p> <p>Amanda Elikofer asked if the ED LOS by ISS could be broken out by trauma center vs. non-trauma center to see if there is a difference.</p> <p>Jessica continued talking about the patient outcomes data. She talked about 4 cases where the probability of survival was greater than 50% but their ED Disposition was "Expired". They asked the committee for guidance about what additional information they want about these patients.</p> <p>Dr. Lawrence Reed reported on IU Health – Methodist's protocol for post-Mortum CT scans to identify injuries in patients that expire in the ED because the hospital can learn from the data and it helps with the data metrics.</p> <p>He also asked how far away the patients were from a trauma center at the time of injury.</p> <p>Dr. Hartman asked for vignettes on these particular cases because right now we are just speculating what happened. Dr. Vassy stated that 4 cases out of 6,900 do not warrant an investigation.</p> <p>Dr. Lawrence Reed asked how the patient's had a probability of survival &gt; 50% with low ISS scores.</p> <p>Dr. McGee asked if the data could be broken out by level of trauma center. Dr. Reed cited studies where it found the level of trauma center made a difference and other studies that found it does not make a difference.</p>	<p>Staff will add this to next quarter's report.</p> <p>Staff will add this to next quarter's report.</p> <p>Staff will bring this information to the next meeting.</p> <p>Staff will add this to next quarter's report.</p>	
--	---	--	--



## Indiana State Department of Health

	<p>Amanda Elikofer asked if the hospitals will know if they had one of these four cases.</p> <p>Lisa Hollister asked if any of the four cases were Dead on Arrival (DOA).</p> <p>Katie continued with data regarding hospital LOS noting two additions to the report: hospital LOS by “probability of survival” (PS) in trauma centers and hospital LOS by PS in non-trauma centers. Katie asked the committee for feedback on what hospital LOS is considered too long for patient’s which a high PS.</p> <p>Dr. Lawrence Reed suggested staff look at the “Primary Payer Source” and “Hospital Disposition”. Many issues stem from not being able to get patients into rehab and long-term/acute care. It was stressed that no one is forcing the patients into rehab or skilled nursing care units.</p> <p>Jessica explained the new cover and data pages for “Transferred Cases”. 506 linked cases were analyzed this quarter. She emphasized how incomplete the data is for these transfer cases.</p> <p>Katie broke down the transfer times into increments:</p> <ul style="list-style-type: none"><li>• 9 minutes to the scene</li><li>• 16 minutes on-scene time</li><li>• 19 minutes from scene departure to first facility ED arrival</li><li>• 3 hours 10 minutes at the first facility</li><li>• 1 hour 50 minutes to final facility</li></ul>	<p>Staff will send this information out to the hospitals before each ISTCC meeting.</p> <p>Staff will add this to next quarter’s report.</p> <p>Staff will add this to next quarter’s report.</p>	
--	--	---	--



## Indiana State Department of Health

	<p>The total transfer time (from the time EMS was notified to the time the patient arrived at the final facility ED) was 5 hours and 44 minutes for the 506 linked cases.</p> <p>Dr. Hartman asked if this time went up from quarter 2. Katie said that it has gone up. In Quarter 2 of 2013 it was about 3 hours and about 300 cases were linked.</p> <p>Missy Hockaday asked if the staff could look at the time a patient is held at an “in the process” facility.</p> <p>Katie responded that data can be gleaned from the information provided. It was noted that “in the process” trauma centers will tend to hold patients longer.</p> <p>Dr. Gomez wants to look at where these patients are initially being taken to. Dr. Lawrence Reed agreed, saying that the 166 critically injured patients have almost as long a transfer time compared to all transfer cases.</p> <p>Dr. Hartman said that these patients may have looked fine at the initial facility and after a series of scans their injury was identified as serious and needed to be transferred. Dr. Donald Reed agreed and said that we need to look at patients that are defined as critical at the initial facility.</p> <p>Dr. Thomas said that this type of information is very helpful and brings awareness to everyone that this is an issue. The take home message is how trauma centers are working with hospitals that will never become a trauma center to transfer patients more quickly.</p>	<p>Staff will add this to next quarter’s report.</p> <p>Staff will make this change to next quarter’s report.</p>	
--	---	---	--



## Indiana State Department of Health

	<p>Dr. Gomez is concerned with the time it takes a patient to get from an initial facility to the final facility. Dr. Gomez asked where in the process we can reduce the amount of time it takes the patient to get to the final hospital. Dr. Lawrence Reed said the amount of time the patient is staying at the initial facility can be reduced.</p> <p>Dr. Vassy reported what district 10 is doing to reduce ED LOS in the district. He talked about the importance of the Rural Trauma Team Development Course (RTTC). Dr. Jacobson recommended separating out the patient's with an ISS &gt; 15 vs. the physiological data.</p> <p>Dr. VanNess stated that he likes looking at data by public health preparedness districts as it is easier to track the progress to and analyze the data and feed the data back to the Committee and to those who use the data.</p> <p>Lesley Lopossa asked if the vital signs are based on the patient's arrival at the initial facility or departure from the initial facility. Katie stated that the data is based on the vitals taken in the first 30 minutes of the patient's arrival at the initial facility.</p> <p>Katie presented the rest of the transfer data and asked the Committee for feedback.</p> <p>The question was raised regarding "decision to transfer" data and why this data is not captured. Katie explained this data is not captured currently because it is neither a state nor a national required data element.</p>	<p>Staff will look at the procedures performed on patients before being transferred and present this information at the next meeting.</p> <p>Staff will make this change for the next meeting.</p>	
--	--	--	--



## Indiana State Department of Health

	<p>Dr. Jacobson believes that transfer delays are based on internal factors vs. external factors. Dr. Lawrence Reed says that each hospital handles these situations differently and the trauma centers should be providing feedback to these hospitals.</p> <p>Tim Smith asked how much time is being saved by sending a patient directly to a trauma center versus taking them to the local hospital and then having them send the patient to a trauma center.</p> <p>There was discussion about the triage and transport rule. Art clarified by stating that there is nothing that prevents EMS from doing the right thing and taking a patient directly to a trauma center.</p> <p>Dr. Donald Reed stated it is known there are ‘bad apples’ in the state and asked if there was data to track this and identify ‘repeat offenders’? Katie agreed to keep track of this as they have been doing and provide more data to the Committee.</p> <p>Dr. Jacobson asked if staff could compile data in three (3) groups – trauma centers, “in the process” trauma centers and non-trauma centers. Katie said she would look into this.</p> <p>Jessica talked about the tables that were added to this report and the conclusion page.</p> <p><u>EMS Registry Report</u></p> <p>Katie reported as of the last meeting there were 29 providers reporting – today’s count shows 73 providers reporting data to the registry with a total of 265,000 runs. The traumatic injuries only report had a total 15,004 incidents.</p>	<p>Staff will add this to next quarter’s report.</p> <p>Staff will look at adding this to next quarter’s report.</p>	
--	---	--	--





## Indiana State Department of Health

	<p>Katie went through the EMS data quickly and she stressed that staff is seeing an improvement in the quality of the data received.</p> <p>If the Committee members have questions regarding this data, please send them to Katie.</p> <p>Dr. VanNess noted that the agency is really excited about the data being received. This data is valuable.</p> <p>Dr. Vassy asked what parts of the states are the EMS services located. Katie finally noted there is a good representation of EMS providers on board reporting and the pilot project is going great.</p> <p>Tim Smith asked if first responders are submitting data. Brian stated the trauma registry rule does not require non-transport services to report data.</p>	Staff will add this to next quarter's report.	
4. "In The Process of ACS Verification" – Application (1) - Art Logsdon, Brian Carnes and Dr. Gomez	<p>Art gave a brief overview of "in the process" status.</p> <p>Dr. Gomez noted the Committee met regarding the application from IU Health – Arnett, Lafayette in Tippecanoe County.</p> <p>He stated the Subcommittee's recommendation to this Committee would be to approve IU Health – Arnett for "in the process" for ASC designation.</p> <p>Dr. Hartman made a motion that the ISTCC recommend to the State Health Commissioner that he recommend to the IDHS/EMS Commission approval of the "in the process" application from IU Health – Arnett Lafayette. The motion was seconded by Lisa Hollister and approved unanimously.</p>	N/A	N/A



## Indiana State Department of Health

	<p><u>Overview of current “In-The-Process” facilities</u></p> <p>Art discussed some issues regarding facilities that are currently “in the process”. Dr. Gomez also addressed this noting how far into the process these facilities currently are.</p> <p>Brian asked the Committee members to review the documents and provide feedback to Staff.</p>		
5. Performance Improvement - Katie Gatz	<p>Katie provided the following update:</p> <ul style="list-style-type: none"><li>• Did not meet 2013 goals</li><li>• Increase numbers of hospitals reporting to the trauma registry</li><li>• Current trauma centers encouraged to reach out to non-trauma centers as mentors for them to become trauma centers</li><li>• Work to reduce ED LOS to less than 2 hours</li><li>• Increase EMS run sheet collection</li></ul>	N/A	N/A
6. Updates	<p><u>Indiana Perinatal Quality Improvement Collaboration (IPQIC)</u> – Beth McIntire</p> <p>Art prefaced Ms. McIntire’s remarks by reminding the group that “infant mortality” is the #1 priority of the ISDH. Indiana’s infant mortality (IM) rate is 7.7 per 1,000 live births which ranks Indiana 45<sup>th</sup> in the nation, which is not a good ranking. Art noted there are several tools in the ISDH Tool Kit to change that standing, some being 39 week hard stops, and lowering the percentage of woman who smoke during pregnancy.</p>	N/A	N/A



## Indiana State Department of Health

---

	<p>In addition IPQIC has been working on maternal fetal ambulance transport standards. Though not directly related, the work of the ISTCC and IPQIC are linked.</p> <p>Beth noted the standards being considered will go to the EMS Commission for approval as they have the authority for regulating ambulance activities in the state.</p> <p>She stated that her group faces the same issues with benchmarking quality indicators, they have issues with hospitals keeping patients too long before they make the decision to transfer the patient to a more appropriate facility.</p> <p>She discussed Article 5 which deals with neonatal and Perinatal transport. They will be working on this effort with the EMS Commission in the future.</p> <p><u>Training Events Update – Brian Carnes</u></p> <p>Brian noted that the Trauma Registry rule took effect in November of 2013. The rule mandates all hospitals, emergency departments, EMS services, and all rehab hospitals to report data to the Trauma Registry.</p> <p>Training on these new rules on how to report data will be held here at the ISDH alternating months. The morning sessions will be geared to hospital reporting and the afternoon sessions will focus on EMS reporting. Katie Gatz will be handling these classes.</p> <p>Brian also announced that another training tour has been planned around the state. These trainings will again be held in all ten preparedness districts and will follow the same morning/afternoon format as the sessions being held here in Indianapolis. The push will</p>		
--	---	--	--



## Indiana State Department of Health

---

	<p>be to bring more people to these sessions in order to collect more data, and to get more hospitals and providers compliant with the rules.</p> <p>For complete information regarding these trainings please check the Trauma and Injury Prevention website at <a href="http://www.indianatrauma.org">www.indianatrauma.org</a>.</p> <p><u>Introduction of new Staff</u></p> <p>Brian introduced Murray Lawry, a long time ISDH staff member. He will be taking the responsibility of the EMS Registry and is the only “medically credentialed” member of the staff as an EMT.</p> <p>Camry Hess is the trauma registry data analyst and will handle data analysis for the trauma registry.</p> <p><u>Legislation</u></p> <p>Brian provided a brief legislative update for the members.</p> <p>HB 1336 – requires the Indiana Department of Homeland Security to hire a statewide medical director.</p> <p>SB 419 – deals with the Spinal Cord and Brain Injury Research Board which falls under the Trauma and Injury Prevention Division. That Board is responsible for \$1.6 million for spinal cord and brain injury research, treatment and cure. The ISDH asked the legislature for permission to expand the use of \$750K for the development of a statewide trauma system and received the approval.</p>		
--	--	--	--



## Indiana State Department of Health

	<p>An application was also made by the Trauma Division and granted by the Board for a \$120K grant over the next 2 years which will be used for the current, ongoing work of the Division.</p> <p>Brian also reported on the first EMS Medical Directors Conference developed by his staff. This conference was attended by 120 individuals, 30 being medical directors. The eligible attendees received 7.5 hours of CEUs. Staff was pleased with the turnout and with the information presented during the conference.</p> <p>Dr. VanNess stated he heard great feedback from the attendees of this Conference both on the work of the staff and the information delivered by the Conference presenters.</p>		
7. Other Business	Art asked for other business before the Committee and hearing none, adjourned the meeting at 11:50 am.	N/A	N/A
8. Remaining Committee Meeting Dates	<p>Remaining meeting dates: May 9 August 8 November 14</p> <p>All meetings are at the ISDH, 2 North Meridian Street in Rice Auditorium in the Lower Level from 10:00 am to 12:00 pm (Indianapolis time)</p>	N/A	N/A